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## BIB DATA SHEET

CONFIRMATION NO. 1795

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS                                  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.        |                                    |
|--|---|--|---|-------------------------------|------------------------------------|
| 10/538,201   | 03/08/2006  | 514                                    | 1647  | PN/4-32761A                   |                                    |
| <b>RULE</b>  |   |  |   |                               |                                    |
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| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/13960 12/09/2003  |   |  |   |                               |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0228832.2 10/12/2002  |   |  |   |                               |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/25/2006   |   |  |   |                               |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /SANDRA L<br>WEGERT/<br>Acknowledged Examiner's Signature   | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br>GERMANY | <b>SHEETS<br/>DRAWINGS</b><br>0   | <b>TOTAL<br/>CLAIMS</b><br>18 | <b>INDEPENDENT<br/>CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>NOVARTIS<br>CORPORATE INTELLECTUAL PROPERTY<br>ONE HEALTH PLAZA 104/3<br>EAST HANOVER, NJ 07936-1080<br>UNITED STATES  |   |  |   |                               |                                    |
| <b>TITLE</b><br>Antibody (11C7) anti nogo a and its pharmaceutical use   |   |  |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1830   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                               |                                    |